

## APPROVAL OF CONSENT AGENDA

**TOWN OF DAVIE  
TOWN COUNCIL AGENDA REPORT**

**TO:** Mayor and Councilmembers

**FROM/PHONE:** David Quigley, Planning and Zoning Manager/(954) 797-1075

**PREPARED BY:** David Quigley, Planning and Zoning Manager

**SUBJECT:** Resolution

**AFFECTED DISTRICT:** Townwide

**ITEM REQUEST:** **Schedule for Council Meeting**

**TITLE OF AGENDA ITEM:** SELECTION OF FIRM - A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, SELECTING THE FIRMS OF CALVIN, GIORDANO & ASSOCIATES, INC., ILER PLANNING GROUP, LARUE PLANNING & MANAGEMENT SERVICES, INC., AND MELLGREN PLANNING GROUP, TO PROVIDE CONTINUING MISCELLANEOUS PLANNING SERVICES AND AUTHORIZING THE TOWN ADMINISTRATOR OR HIS DESIGNEE TO NEGOTIATE AGREEMENTS FOR SUCH SERVICES.

**REPORT IN BRIEF:** The Town occasionally requires miscellaneous planning services and has kept several firms under continuing service contracts since 2004. Because all of the contracts that were entered into in 2004 were about to expire, earlier this year, the Town solicited competitive, sealed proposals for continuing miscellaneous planning services.

A Request for Proposals (RFP) was posted on the Town's website, state-wide in Florida Bid Reporting and nationally in BidNet. RFP packages were also sent to nine (9) potential respondents. The RFP was for firms capable of providing the following general planning services: 1) Conduct special studies, including but not limited to, corridor land use studies, small area studies, neighborhood planning and other special studies. 2) Prepare, review, and process amendments to the Land Development Code. 3) Review land development plans and perform necessary inspections to ensure compliance with approved plans and Town codes. 4) Prepare, review, and process amendments to the Comprehensive Plan. 5) Provide urban design plans and services. 6) Develop and complete grant applications. 7) Conduct, complete, and evaluate Fair Housing studies and federal legislation.

The Town received four proposals. All four firms met the minimum qualifications but are also known by Town staff to have individual specialties. The selection committee

recommended that the Town enter into contracts with all four firms, recognizing that, by awarding to multiple firms, the Town could distribute work assignments that would take advantage of each firm's unique talent. The proposed resolution will allow the Town Administrator or his designee to negotiate terms and enter into continuing service contracts with all four firms. The relevant legal documents for the four firms are attached for review.

**PREVIOUS ACTIONS:** n/a

**CONCURRENCES:** The firms of Calvin, Giordano & Associates, Inc., Iler Planning Group, Larue Planning & Management Services, Inc., and Mellgren Planning Group were selected by the selection committee.

**FISCAL IMPACT:** not applicable

Has request been budgeted? Yes

**RECOMMENDATION(S):** Approval of the resolution.

**Attachment(s):** Resolution, Procurement Authorization, documents verifying legal status of businesses

RESOLUTION NO. \_\_\_\_\_

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, SELECTING THE FIRMS OF CALVIN, GIORDANO & ASSOCIATES, INC., ILER PLANNING GROUP, LARUE PLANNING & MANAGEMENT SERVICES, INC., AND MELLGREN PLANNING GROUP TO PROVIDE CONTINUING MISCELLANEOUS PLANNING SERVICES AND AUTHORIZING THE TOWN ADMINISTRATOR OR HIS DESIGNEE TO NEGOTIATE AGREEMENTS FOR SUCH SERVICES.

WHEREAS, the Town solicited proposals for continuing miscellaneous planning services; and

WHEREAS, the selection committee has selected Calvin, Giordano & Associates, Inc., Iler Planning Group, Larue Planning & Management Services, Inc., and Mellgren Planning Group as the firms best qualified to provide the required services; and

WHEREAS, a multiple award will allow the Town to distribute work assignments that will take advantage of special unique talents of each of the selected firms; and

WHEREAS, it is in the Town's best interest to execute contracts for such services.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA:

SECTION 1. The Town Council of the Town of Davie does hereby accept the selections of Calvin, Giordano & Associates, Inc., Iler Planning Group, Larue Planning & Management Services, Inc., and Mellgren Planning Group as the firms best qualified to provide the required services and authorizes the Town Administrator or his designee to negotiate agreements for such services and present those contracts for approval at a future meeting date. Should no agreement be reached with any of the highest ranking firms, then the Town Administrator or his designee shall negotiate with the next ranked firm and present that agreement for approval.

SECTION 2. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2008

\_\_\_\_\_

\_\_\_\_\_  
MAYOR/COUNCILMEMBER

Attest:

\_\_\_\_\_  
TOWN CLERK

APPROVED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2008

# TOWN OF DAVIE PROCUREMENT AUTHORIZATION

ACCOUNT NUMBER	BUDGET ITEM & DESCRIPTION	APPROXIMATE COST
001-0403-515.03-06 <i>CONTRACTUAL SERVICES</i>	Misc. Planning Services	\$50,000

METHOD OF PROCUREMENT (check the one that applies)

☐ Open Competitive Bidding  
☐ Piggyback on Contract Number \_\_\_\_\_  
☐ Sole Source  
☒ Request For Proposals

**SPECIFICATIONS & LIST OF VENDORS MUST BE ATTACHED**

Signed *MM* 2.7.08  
Department Head:

Have Funds been Reserved REG 36835

Date 2/2/08 Signed *AD*

Signed *Harry Shuman*  
Town Administrator

**BIDS SUBMITTED**

VENDOR	COST
CALVIN GIORDANO & ASSOCIATES, INC.	PER HOURLY
ILER PLANNING GROUP	RATE SCHEDULE
THE MELLGREN PLANNING GROUP	INCLUDED WITH
LARUE PLANNING & MANAGEMENT SERVICES, INC.	EACH CONTRACT

Signed *Shubky*  
Procurement Manager

**BID SPECIFICATION COMMITTEE'S RECOMMENDATION**

Vendor	Cost
CALVIN GIORDANO & ASSOCIATES, INC.	DEPT IS ISSUING
ILER PLANNING GROUP	CONTINUING SERVICES
THE MELLGREN PLANNING GROUP	CONTRACTS WITH
LARUE PLANNING & MANAGEMENT SERVICES, INC.	ALL FIRMS

# Calvin, Giordano & Associates, Inc.

**W-9**  
Form  
(Rev. October 2007)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Name (as shown on your income tax return)  
**Calvin Giordano & Associates, Inc.**

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☒ Corporation ☐ Partnership  
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... ☐ Exempt  
☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)  
**1800 Eller Drive Suite 600**

City, state, and ZIP code  
**Fort Lauderdale, FL 33316**

List account number(s) here (optional)

Requester's name and address (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

OR

Employer identification number  
**65 0013869**

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ *Staff account* Date ▶ *9/3/07*

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.

I, Dennis J. Giordano, being first duly sworn state that:  
The full legal name and business address of the person(s) or entity contracting with the  
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: Calvin, Giordano & Associates, Inc.  
Address: 1800 Eller Drive, Suite 600  
Fort Lauderdale, Florida 33316  
FEIN 65-0013869  
State and date of incorporation Florida, 1937

#### OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
<u>Dennis J. Giordano</u>	<u>(1800 Eller Drive, Suite 600, Fort Lauderdale, FL 33316)</u>	<u>24 %</u>
<u>John P. Downes</u>	<u>(1800 Eller Drive, Suite 600, Fort Lauderdale, FL 33316)</u>	<u>15 %</u>
<u>Shelley Eichner</u>	<u>(1800 Eller Drive, Suite 600, Fort Lauderdale, FL 33316)</u>	<u>15 %</u>
<u>ESOP</u>	<u>(1800 Eller Drive, Suite 600, Fort Lauderdale, FL 33316)</u>	<u>46 %</u>

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address
_____	_____
_____	_____
_____	_____
_____	_____

By: [Signature]  
Signature of Affiant

Date: March 11, 2008

Dennis J. Giordano  
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 11 day of  
March 2008, by Dennis Giordano, he/she is  
personally known to me or has presented \_\_\_\_\_ as  
identification.

[Signature]  
Notary Public, State of Florida at Large



Print or Stamp of Notary

Serial Number

My Commission Expires

**W-9**  
Form  
(Rev. January 2003)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer  
Identification Number and Certification**

Give form to the  
requester. Do not  
send to the IRS.

Name **HBI PLANNING SERVICES, INC.**  
Business name, if different from above  
**DBA - ILER PLANNING GROUP**  
Check appropriate box: ☐ Individual/  
Sole proprietor ☒ Corporation ☐ Partnership ☐ Other ☐ ☐ Exempt from backup  
withholding  
Address (number, street, and apt. or suite no.) **11 000 PROSPERITY FARMS RD. - STE. 206**  
City, state, and ZIP code **Palm Beach Gardens, FL 33410**  
Last account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number  
+ + + + +  
OR  
Employer identification number  
**65104151811810**

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here *cccaflan* Date **11/2006**

**Purpose of Form**

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

I, Henry Her, AICP, being first duly sworn state that:  
The full legal name and business address of the person(s) or entity contracting with the  
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: Her Planning Group  
Address: 11000 Prosperity Farms Road  
Suite 206, Palm Beach Gardens  
FL 33410  
65-0458180  
FEIN  
State and date of incorporation Florida 1/1/1995

#### OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
<u>Henry B Her</u>	<u>11000 Prosperity Farms Rd.</u>	<u>100</u> %
	<u>Suite 206</u>	
	<u>Palm Beach Gardens</u>	%
	<u>FL 33410</u>	%
		%

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address

Signature of Affiant

Henry Her, AICP  
Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 10 day of  
March 2008, by Garrett Cooper, he/she is  
personally known to me or has presented Driver License as  
identification.



Garrett Cooper  
Notary Public, State of Florida at Large

Garrett Cooper  
Print or Stamp of Notary

DD0702637  
Serial Number

My Commission Expires 8/6/2011

**Request for Taxpayer  
Identification Number and Certification**

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See specific instructions on page 2.

Name (as shown on your income tax return)  
**The Mellgren Planning Group, Inc.**

Business name, if different from above

Check appropriate box: ☐ Individual/sole proprietor ☒ Corporation ☐ Partnership  
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... ☐ Exempt  
☐ Other (see instructions) ▶

Address (number, street, and apt. or suite no.)  
**6555 Nova Drive, Suite 305**

City, state, and ZIP code  
**Davie, FL 33317**

List account number(s) here (optional)

Requester's name and address (optional)

**Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number
<b>65 0873541</b>

**Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here** Signature of U.S. person ▶ *Michael J. Mellgren* Date ▶ **3/5/08**

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.

## Vendor / Bidder Disclosure

I, Michele Mellgren, being first duly sworn that: The full legal name and business address of the person(s) or entity contracting with the Town of Davie ("Town") are as follows:

The Mellgren Planning Group  
6555 Nova Drive  
Suite 305  
Davie, FL 33317

Florida Corp. Registration: P98000089421  
Incorporated: 1998  
FEI Number: 650873541

### OWNERSHIP DISCLOSURE AFFIDAVIT - CORPORATE

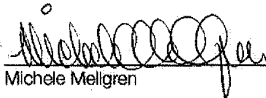
#### 1 Officers and Directors

Full Legal Name: Michele Mellgren, AICP  
Address: 6555 Nova Drive  
Suite 305  
Davie, FL 33317  
Ownership: 100%

#### 2. Other Individuals

None

By:

  
Michele Mellgren

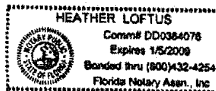
Date:

3/5/08

SUBSCRIBED AND SWORN TO or affirmed before me this 6th day of March, 2008, by Michele Mellgren, she is personally known to me or has presented a valid Florida driver's license as identification.

  
Notary Public, State of Florida at Large

Stamp:



Serial Number: DD0384076

My Commission Expires: 1/5/2009

**Request for Taxpayer  
Identification Number and Certification**

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return) <b>LaRue Planning and Management Services, Inc.</b>	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other	<input type="checkbox"/> Exempt from backup withholding
Address (number, street, and apt. or suite no.) <b>1375 Jackson Street Suite 206</b>	Requester's name and address (optional)
City, state, and ZIP code <b>Fort Myers, FL 33901</b>	
List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.  
**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
OR								
Employer identification number								
6	5	0	4	1	5	3	3	1

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign  
Here

Signature of  
U.S. person

*James S. LaRue*

Date **6-12-2008**

**Purpose of Form**

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

I, James G. LaRue, President, being first duly sworn state that:  
The full legal name and business address of the person(s) or entity contracting with the  
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: LaRue Planning & Management Services, Inc.  
Address: 1375 Jackson Street, Suite 206  
Fort Myers, FL 33901  
FEIN: 65-0415331  
State and date of incorporation: Florida May 10, 1993

#### OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
James G. LaRue	1375 Jackson Street #206, Fort Myers, FL 33901	100%

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address
Not Applicable	

By: James G. LaRue

Date: 6-12-2008

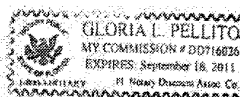
Signature of Affiant

James G. LaRue, President

Print Name

SUBSCRIBED AND SWORN TO or affirmed before me this 12th day of  
June 2008, by James G. LaRue

he is personally known to me.



Gloria L. Pellito  
Notary Public, State of Florida at Large



Gloria L. Pellito

Print or Stamp of Notary

DD716026

Commission Number

My Commission Expires: September 18, 2011

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## Detail by Entity Name

### Florida Profit Corporation

CALVIN, GIORDANO & ASSOCIATES, INC.

### Filing Information

Document Number	M17373
FEI Number	650013869
Date Filed	06/27/1985
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	03/20/2001
Event Effective Date	NONE

### Principal Address

1800 ELLER DR  
STE 600  
FORT LAUDERDALE FL 33316  
Changed 04/02/2001

### Mailing Address

1800 ELLER DR  
STE 600  
FORT LAUDERDALE FL 33316  
Changed 03/02/2000

### Registered Agent Name & Address

GIORDANO, DENNIS J  
1800 ELLER DR  
STE 600  
FORT LAUDERDALE FL 33316  
Name Changed: 04/02/2001  
Address Changed: 03/02/2000

### Officer/Director Detail

#### Name & Address

## Title PCD

GIORDANO, DENNIS J  
1800 ELLER DR STE 600  
FORT LAUDERDALE FL 33316

## Title V

DOWNES, JOHN  
1800 ELLER DR STE 600  
FORT LAUDERDALE FL 33316

## Title V

JACKSON, ROBERT  
1800 ELLER DR STE 600  
FORT LAUDERDALE FL 33316

## Title V

COOK-WEEDEN, TAMMY  
1800 ELLER DR STE 600  
FORT LAUDERDALE FL 33316

## Title ST

GLASS, JANA  
1800 ELLER DR STE 600  
FORT LAUDERDALE FL 33316

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<b>2006</b>	01/20/2006
<b>2007</b>	04/23/2007
<b>2008</b>	02/21/2008

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<b>No Events</b> <b>No Name History</b>					
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<b>Detail by FEI Number</b>					
<b><u>Florida Profit Corporation</u></b>					
LARUE PLANNING & MANAGEMENT SERVICES, INC.					
<b><u>Filing Information</u></b>					
<b>Document Number</b> P93000034484					
<b>FEI Number</b> 650415331					
<b>Date Filed</b> 05/10/1993					
<b>State</b> FL					
<b>Status</b> ACTIVE					
<b><u>Principal Address</u></b>					
1375 JACKSON ST STE 206 FT MYERS FL 33901-2845 US Changed 05/01/1996					
<b><u>Mailing Address</u></b>					
1375 JACKSON ST STE 206 FT MYERS FL 33901-2845 US Changed 05/01/1996					
<b><u>Registered Agent Name &amp; Address</u></b>					
LARUE, JAMES G 5860 UNTERMEYER CT N FT MYERS FL 33903 US Name Changed: 03/28/2007 Address Changed: 03/28/2007					
<b><u>Officer/Director Detail</u></b>					
<b><u>Name &amp; Address</u></b>					
Title DPS LARUE, JAMES G 1375 JACKSON ST, STE 206 FT MYERS FL 33901					

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<b>2007</b>	03/28/2007
<b>2008</b>	02/19/2008

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## Fictitious Name Detail

### Fictitious Name

ILER PLANNING GROUP

### Filing Information

Document Number	G01031900037
Status	ACTIVE
Filed Date	01/31/2001
Expiration Date	12/31/2011
Current Owners	1
County	PALM BEACH
Total Pages	2
Events Filed	1
FEI Number	NONE

### Mailing Address

11000 PROSPERITY FARMS RD  
SUITE 206  
PALM BEACH GARDENS, FL 33410

### Owner Information

HBI PLANNING SERVICES, INC.  
11000 PROSPERITY FARMS RD SUITE 206  
PALM BEACH GARDENS, FL 33410  
FEI Number: 65-0458180  
Document Number: P93000085525

### Document Images

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## Detail by FEI Number

### Florida Profit Corporation

THE MELLGREN PLANNING GROUP INC.

### Filing Information

Document Number	P98000089421
FEI Number	650873541
Date Filed	10/19/1998
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	09/24/2007
Event Effective Date	NONE

### Principal Address

6555 NOVA DR. SUITE 305  
FORT LAUDERDALE FL 33317  
Changed 12/28/2004

### Mailing Address

6555 NOVA DR. SUITE 305  
FORT LAUDERDALE FL 33317  
Changed 12/28/2004

### Registered Agent Name & Address

MELLGREN, MICHELE  
6555 NOVA DR  
SUITE 305  
FORT LAUDERDALE FL 33317 US  
Address Changed: 02/16/2007

### Officer/Director Detail

#### **Name & Address**

Title PSTD

MELLGREN, MICHELE C  
6555 NOVA DR SUITE 305

FORT LAUDERDALE FL 33317

**Annual Reports****Report Year Filed Date**

<b>2006</b>	03/10/2006
<b>2007</b>	02/16/2007
<b>2008</b>	01/29/2008

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